

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL LICENSE

FILING INSTRUCTIONS

The following instructions are intended for retail applicants for an Alcoholic Beverage Control (ABC) license. Please note that (1) based on the 60 - day placard period and subsequent investigation, a routine application, with no protests, will take approximately 12 weeks for approval, and (2) you must call an ABC Examiner in advance and schedule an appointment for submission of your application. **Please pay attention to detail in your submission. Applications with deficiencies will not be accepted. *Call 442-4423 between the hours of 8:30 a.m. and 4:15 p.m., Monday through Friday.**

GENERAL INSTRUCTIONS

1. The completed application must be typed or printed in ink.

Corporation: President or Vice President must sign Application. Submit certified Articles of Incorporation and Certificate of Good Standing*. Also submit minutes of Board of Directors verifying election of officers and a copy of stock certificate(s).

Limited Liability Corporation (LLC): Managing member must sign Application. Submit Certificate of Organization and Good Standing*.

Limited Partnership: General Partner must sign Application. Submit Certificate of Good Standing*. Also submit minutes of Board of Directors verifying election of officers.

Partnership: All partners must sign Application and submit copy of partnership agreement.

2. **TAX REGISTRATION:** All applicants must file for a D.C. business tax number at the Office of Tax & Revenue, 941 North Capitol Street, NE, 1st floor, and submit stamped copy of the tax certification with the application. All transfer Applications must have a Certificate of Good Standing from the Office of Tax and Revenue attached.
3. Clean hands certificate must be submitted

4. **FEES DUE:** Only cashiers checks, money orders or certified checks made payable to the D.C. Treasurer will be accepted. No business or personal checks! You will also need one form of personal identification.

License Fees: Please contact Examiner, prorated fees may apply. Upon denial or withdrawal, a processing charge will be deducted as follows: Sole Proprietorship (\$150), Partnership (\$250) and Corporations (\$350).

Advertising Fees: Will be different for each individual establishment - See attachment 9.

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications.


Requests for services and auxiliary aids should be made by notifying Laura Byrd, Chief Adjudication Division at (202) 442-4423, at least ten days prior to any scheduled hearing.

*These documents must be obtained from Department of Consumer and Regulatory Affairs, Corporations Division, 941 North Capitol Street, N.E., 7th Floor, (202) 442-4430.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
ABRA APPLICATION

FOR OFFICIAL USE ONLY

APPLICATION NUMBER:		LICENSE NUMBER:	
<input type="checkbox"/> New <input type="checkbox"/> Transfer (Owner with sale) <input type="checkbox"/> Transfer (Owner without sale) <input type="checkbox"/> Stock Transfer			
Date Accepted:		Date Issued:	
Accepted By:		Fees Paid: \$	
		ABRA Violations: Yes <input type="checkbox"/> No <input type="checkbox"/>	
License Period: From		To	
		Ward/ANC:	
Premise:		Storage:	
Board Approval Date:		Member Initials: 	

TO BE COMPLETED BY APPLICANT

1. Type and Class of License Applied for:		2. Legal Name of Applicant:									
<input type="checkbox"/>	Manufacturer	Type of Applicant: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC List of Officers/Partners: President/Partner/Member: _____ Vice President / Partner: _____ Director/Partner/Member: _____ Secretary / Partner: _____ Treasurer / Partner: _____									
<input type="checkbox"/>	Wholesaler										
<input type="checkbox"/>	Retailer										
<input type="checkbox"/>	A										
<input type="checkbox"/>	B										
<input type="checkbox"/>	C										
<input type="checkbox"/>	D										
<input type="checkbox"/>	R (restaurant)										
<input type="checkbox"/>	T (tavern)										
<input type="checkbox"/>	N (nightclub)										
<input type="checkbox"/>	H (hotel)										
<input type="checkbox"/>	X (private club, theater, vessel)	3. Home Address of Applicant (If Corporation, President or Vice President: Street: _____ City _____ State _____ Zip Code: _____									
<input type="checkbox"/>	L (consumption)										
<input type="checkbox"/>	Summer Garden										
<input type="checkbox"/>	Tasting Permit										
<input type="checkbox"/>	Sidewalk Café										
4. Trade Name of Business: _____ Business Telephone: _____ Home Telephone: _____ Fax Number: _____ E-Mail Address: _____ Business Address: Street: _____ City _____ State _____ Zip Code: _____		5. If Corporation, give number of stock and shares: Authorized _____ Issued _____									
		6. List any person holding, directly or indirectly, 25% or more of common or controlling interest in the corporation or partnership: <table><thead><tr><th><u>Name</u></th><th><u># of Share / % of Interest</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>		<u>Name</u>	<u># of Share / % of Interest</u>	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u># of Share / % of Interest</u>										
_____	_____										
_____	_____										
_____	_____										

CERTIFICATION AND INVESTIGATIVE AUTHORIZATION: I hereby certify under penalty of perjury that the information in this application and attachments are true and correct to the best of my knowledge and belief. I will also conform to all laws and regulations related to the alcoholic beverage license for which I have applied. I further authorize the Alcoholic Beverage Regulation Administration (ABRA), or its employees, to investigate any and all of the information provided in this application.

Signature: _____ **Title:** _____ **Print Name:** _____

Subscribed and sworn to before me this _____ day of _____, 200 _____
Notary Public:

COMPLETE ATTACHMENTS AS INDICATED:

ATTACHMENTS	New	Transfer New Location	Transfer New Owner W/Sale	Transfer New Owner W/O Sale	Stock Transfer
1. Business & Premise	X	X	X		
2. Financial Statement	X		X		X
3. Appropriateness	X	X			
4. Approval of Officers & Partners (Corp/LLC Submit one for each top Official up to 3)	X	X	X	X	X
5. Attorney/Agent Appearance	X	X	X	X	
6. Transfer Consent		X	X	X	X
7. No substantial Change			X	X	X
8. Felony Misdemeanor	X	X	X	X	
9. Advertisement Instructions	X	X			
10. Clean Hands Certification	X	X	X	X	X
11. Statement A (Signed by Landlord or Agent)	X	X	X	X	
12. Guidelines for Temporary (Stipulated License)	X	X			
13. Supplemental Permits: REQUEST COPIES AS NEEDED Managers (Needed whenever ABC approved individual is Not on premise); Sidewalk Café, Summer Garden, Tasting Permit, Stipulations, ABC Quarterly Food & Beverage & Beverage Report					

ATTACHMENT 1

BUSINESS AND PREMISE

Trade Name: _____

1. Will you be the true and actual owner of the Business? Yes () No () If no, explain fully. _____
2. If leasing space, submit copies of the signed lease with all attachments. All lease documents must be signed by the property owner and contain specific authorization to sell and serve alcoholic beverages on the premises. The lease must be in applicant's name, i.e., sole owner, partners, LLC, corporation, etc.
3. Submit a copy of the Certificate of Occupancy (CO). If the CO has not been issued, apply for a Zoning Certificate, (2nd floor, 941 North Capitol, NE, (202) 442-4560, and submit letter requesting approval of license under Section 405.1 of the ABC Regulations.
4. All applicants for new and transfer (to new locations) licenses must submit two separate area delineations for each premise address. The first delineation should identify all street addresses within a 600 foot radius of the premise, and the second within a 400 foot radius. The Alcoholic Beverage Control Board recognizes the Sanborn Building and Property Atlas as the standard mapping tool of the District of Columbia. As such this atlas will be used as the determining factor should your area delineation be challenged.
5. Will any other business be conducted on the premise? Yes () No () If yes, explain fully.

6. How many years has the former owner held an ABC license at this location?

Were there any:

() Suspensions () No () Yes If yes, explain _____

() Fines () No () Yes If yes, explain. _____

7. Submit copies of Restaurant, Grocery Store, Delicatessen, Public Hall, Billiards or other business licenses. All Class "C" & "D" establishments must have a restaurant license.
8. Do you now have or have you previously held a license for the sale of alcoholic beverages?
☐ No
☐ Yes If yes, state when and where. _____.
9. Will any portion of the premises be used for a dwelling or a lodging house?
☐ No ☐ Yes
If yes, is there interior access to the living quarters from the licensed area?
☐ Yes ☐ No
10. Does any manufacturer, brewer, distiller, wholesaler, or solicitor of alcoholic beverages, or any employee thereof, or any other individual or corporation have any financial interest, directly, or indirectly, in this business or any other business holding an ABC license? ☐ No ☐ Yes If yes, explain fully. _____

11. What are the hours of operation? _____
12. What are the hours for the sale, service, or consumption of alcoholic beverages?

13. What are the hours of food service?

14. What hours will you provide live entertainment, D.J., or Karaoke?

15. New applicants must submit a picture of the interior and exterior of the premise (sizes 5x7 or 7 1/2 x 10). Exterior picture must show where building connects to adjacent buildings.
16. Provide the name, address, and distance (in feet) of the nearest church, school, public library, day care center, and recreation center. List below:
- Church _____
- School _____
- Public Library _____

Day Care Center _____

Recreation Center _____

17. How were the above distances measured?

18. For Class "A" & "B" Only

Is there another ABC licensed establishment of the same class within 400 feet of your establishment?

() No () Yes If yes, state name, address and distance.

19. For Class "C" & "D" Only

Describe the nature of operation; include the type of food served, expected age range, etc. If dancing is provided, give the exact dimensions of the dance floor.

Describe the kind of entertainment to be offered, including specifically nude performances and type of music.

Describe other goods or services to be offered or provided at the establishment, including specifically any mechanical or electronic entertainment devices and lottery operations.

20. What are your projected gross annual receipts from food sales for the next twelve months? \$_____. How did you arrive at this amount? Attach copy of menu.
21. What are your projected gross annual receipts from alcoholic beverage sales for the next twelve months? \$_____.
22. Has the quarterly report been filed for your establishment? () Yes () No If no, submit with application.

ATTACHMENT 2

FINANCIAL DOCUMENTATION

	<u>PROPERTY</u>	<u>BUSINESS</u>
Purchase Price	\$ _____	\$ _____
Down Payment	\$ _____	\$ _____
Amount Financed	\$ _____	\$ _____
Working Capital	\$ _____	\$ _____
Inventory	\$ _____	\$ _____

PROVIDE DOCUMENTATION AS FOLLOWS:

1. All foreign money brought into the United States must be accounted for by documentation. Clearly indicate how money was accumulated and show when and where money was exchanged into American currency.
2. All personal money must be documented as to origin. Funds such as awards issued as a result of a court decision, workman's compensation claims, insurance claims, retirement lump sum payment, lottery pay off, etc. Please provide copies of bank statements, loans, certificate of deposits, etc.
3. Include signed documents outlining the terms of any loans. Include name and address of lender.
4. Attach copies of Sales Agreement and Stock Certificates.

BULK SALES NOTIFICATION: If you are purchasing an on-going business already licensed by the ABC Board, you must comply with the District of Columbia Bulk Sales Act, D.C. Code Section 28:6-101 et.seq. As purchaser, you must get a list of the seller's existing creditors and other information as provided by law, which is signed and sworn to by the

seller. This list must be kept for six (6) months or filed with the Recorder of Deeds. No more than ten (10) days before you take possession of, or pay for the business, you must send a notice to each creditor (delivered in person or sent by registered mail), which states among other things, the following:

1. That a “bulk” transfer is about to be made.
2. The names and business address of the seller and purchaser and any other business name and address used by the seller within the past three (3) years.
3. Whether or not the debts of the seller are to be paid as they fall due, and if so, the address to which the creditors should send their bills.
4. If the debts are not to be paid in full or the purchaser is not sure that the debts are to be paid in full, then the notice should state those items listed in DC Code Section 28:6-107(2).

ATTACHMENT 3

APPROPRIATENESS STANDARDS

TRADE NAME _____

Respond to the following questions in a narrative. Attach additional paper if necessary.

In determining the appropriateness of an establishment, the Board shall consider all relevant evidence of record, as may be applicable, as a matter of experience to existing licensees or as a matter of reasonable expectation to new applicants, including but not limited to the following factors:

1. What effect will your establishment have on real property values on the relevant locality, section, or portion of the District of Columbia? Give a detailed explanation.

2. What effect will your establishment have on the peace, order, and quiet including noise and litter, on the relevant locality, section or portion of the District of Columbia? Give a detailed explanation.

3. What effect will your establishment have upon the residential parking needs and vehicular traffic and pedestrian safety? Give a detailed explanation.

ATTACHMENT 4

APPLICATION FOR APPROVAL OF INDIVIDUALS, PARTNER PRINCIPAL CORPORATE OFFICER OR DIRECTOR OF CORPORATION

- | | |
|--|-------------------|
| <input type="checkbox"/> Change of Officer/Partner | Trade Name _____ |
| <input type="checkbox"/> New Application | Reviewed by _____ |
| <input type="checkbox"/> Transfer Application | Date _____ |
| <input type="checkbox"/> Stock Transfer | |

1. Name, Title and Home Address: Home Telephone No. _____

2. Date of Birth: _____

3. U.S. Citizen ☐ Yes ☐ No If no, provide alien registration number, if naturalized, give date, place and certification number.

4. Have you ever:
- Been convicted of any charges other than minor traffic violations?
☐ Yes ☐ No
 - Used a name other than the one given at birth?
☐ Yes ☐ No
 - Received or applied for any other ABC license in D.C. or elsewhere?
☐ Yes ☐ No
 - Had any ABC license suspended, denied or revoked in D.C. or elsewhere?
☐ Yes ☐ No

5. Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly in any ABC licensed establishment in the District or elsewhere? ☐ Yes ☐ No

If the answer to any of the above is yes, give date place and details on a separate sheet of paper.

6. Submit a police clearance from the District of Columbia, 300 Indiana Avenue, N.W., Room 204, Monday - Friday, 7:00 a.m. to 3:00 p.m. (\$5.00 fee). In addition, if your primary residence for the most recent consecutive five-year period was or is outside of the District, submit a police clearance from that State.

7. What is the total amount of capital you have contributed to the business?

8. Number of shares of stock held by you. _____

I hereby certify under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief and I further, hereby, authorize the Alcoholic Beverage Control Board or its employees to investigate any and all of the information provided by me in this application for an ABC license.

Signature _____ Title _____

Print Name & Title _____

Subscribed to and sworn before me this _____ day of _____ 200____.

Notary Public

Commission Expires on: _____

ATTACHMENT 5

ATTORNEY/AGENT DESIGNATION

DATE: _____

Please enter my appearance as attorney/agent for:

NAME/TRADE NAME:

Applicant for/holder of _____ Class _____
(Retailer/Wholesaler)

Name

Address

Telephone No.

ATTACHMENT 6

TRANSFER CONSENT FORM

FOR INDIVIDUAL OF PARTNERSHIP:

I, (we) _____
being first duly sworn, on oath depose and say that I am (we are), the possessor(s) of a
Retail/Wholesale Class _____ license for premises located at

and request the Alcoholic Beverage Control Board to transfer the aforesaid license to

I, (we) _____
certify that there is not pending against me (us) in the courts or before the Board and
charge of keeping a disorderly house, or of violating the District of Columbia Alcoholic
Beverage Control Act or the laws against gambling in the District of Columbia.

Signature

Print Name & Title

FOR LLC OR CORPORATION

I, _____, being first duly sworn, on oath depose and
say that I am President/Vice President of _____

which is the possessor of a Retail/Wholesale Class _____ license for
premises located at _____
and request the Alcoholic Beverage Control Board to transfer the aforesaid license to

I certify that there is not pending against me or any of the officers or directors of said
Corporation in the courts or before the Board and charge of keeping a disorderly house,
or of violating the District of Columbia Alcoholic Beverage Control Act or the laws against
gambling in the District of Columbia.

Signature

Print Name & Title

ATTACHMENT 7

NO SUBSTANTIAL CHANGE

TRADE NAME: _____

THIS IS TO CERTIFY THAT NO CHANGE WHICH COULD BE DEEMED A SUBSTANTIAL CHANGE TO THE BUSINESS WILL OCCUR BEFORE THIS LICENSURE PERIOD EXPIRES, AS SET FORTH IN TITLE 23, SECTION 505 OF THE DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS, JUNE 24, 1998. IN ADDITION, WE CERTIFY THAT THERE WILL BE NO CHANGE TO THE EXTERIOR OR INTERIOR OF THE BUILDING SINCE THE LAST PHOTOGRAPH OF THE BUILDING WAS SUBMITTED.

IF INDIVIDUAL, APPLICANT MUST SIGN; IF PARTNERSHIP, EACH PARTNER MUST SIGN; IF CORPORATION, PRESIDENT, VICE PRESIDENT, OR SENIOR PARTNER WITH POWER OF ATTORNEY.

SIGNATURE (TRANSFEROR)

NAME/TITLE (Print or Type)

SIGNATURE (TRANSFeree)

NAME/TITLE (Print or Type)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY
OF _____, 200__

NOTARY PUBLIC

My Commission expires on: _____

ATTACHMENT 8

FELONY/MISDEMEANOR AFFIDAVIT

MUST BE SIGNED FOR SOLE OWNER, EACH PARTNER, EACH CORPORATE MEMBER, EACH LLC MEMBER AND MAJORITY SHARE HOLDER.

The undersigned applicant, _____ hereby attests that he/she has not been convicted of a felony during the last ten (10) years, or misdemeanor during the last five (5) years.

Signature

Print Name/Title

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,
200 _____

NOTARY PUBLIC

Commission Expires on:

ATTACHMENT 9

ADVERTISEMENT INSTRUCTIONS

NEW AND TRANSFER TO NEW LOCATION APPLICANTS FOR ALCOHOLIC BEVERAGE CONTROL (ABC) ENDORSEMENT IN THE DISTRICT OF COLUMBIA, MUST GIVE PUBLIC NOTICE FOR 60 DAY PERIOD PRIOR TO RECEIVING THE LICENSE. THIS INCLUDES PLACARDING AND PLACING AN ADVERTISEMENT IN A LOCAL NEWSPAPER. YOUR PLACARDS WILL BE ISSUED DIRECTLY TO YOU WHEN YOU PROVIDE THE PAID RECEIPT FOR THE ADVERTISEMENT. THE COST WILL VARY FOR EACH INDIVIDUAL ABC ESTABLISHMENT.

INSTRUCTIONS

1. An advertising letter will be issued to you when your application is accepted for processing.
2. This letter will contain required advertisement and payment information which must be hand carried to newspaper for printing. The address and the file deadline will be provided by your ABC Examiner.
3. **PLEASE ATTACH YOUR VALIDATED COPY OF THE PAID RECEIPT.** This serve as proof that advertisement was placed timely. Also, your placards will be issued **ONLY** when you present this receipt to your Examiner.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



PLEASE SIGN AND RETURN BOTH COPIES OF THIS FORM

CLEAN HANDS CERTIFICATION

**FOR OFFICIAL
USE ONLY**

**OFFICE OF TAX &
REVENUE (OTR)**

SIGNATURE

DATE

TO THE APPLICANT: PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE DEPARTMENT PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00 (ONE THOUSAND DOLLARS). THIS CERTIFICATION IS REQUIRED BY THE ***CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996***, EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. CODE SEC. 47-2861 et seq.).

I, _____, as _____,
(Name) (Print or Type) (Owner/Partner /Corporate Officer)

certify that _____, trading as _____, at
(Business Name) (Trade Name)

_____ using BUSINESS TAX NUMBER, SSN
(Business Address)

or UI NUMBER _____, as of this date _____.

does not owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Action of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 et seq.);
3. Fines penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Code Sec. 2-1801.01 et seq.); or
4. Past due taxes.
5. Past due District of Columbia Water and Sewer Authority service fees.

I understand that if I knowingly falsify the Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1,000.00 (one thousand dollars). I further understand that the Department may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

(Signature)

(Print or Type Name)

(ABC Application Number)

(ABC License Number)

CC: Office of Tax and Revenue
(REV 10/26/00)

For Tax Assistance Call (202) 727-4829

ATTACHMENT 11

**ACCOMPANYING STATEMENT (A)
TRUE AND ACTUAL OWNER OF THE PREMISES**

1. Address of premises upon which business is to be conducted.

2. Name and address of the true and actual owner of the premises.

3. Has any manufacturer, wholesaler or solicitor of beverages, or any employee thereof, as defined in the act of January 24, as amended (other than the applicant), any financial interest, direct or indirect, in the said premises.

() NO () YES

If "YES" state nature, character and amount of such interest.

I (We) certify, under the penalty of perjury, that the statement contained in the foregoing are true and correct to the best of my (our) knowledge and belief.

(Date)

(Signature of true and actual owner)

(Print Name of true and actual owner)

ATTACHMENT 12

GUIDELINES FOR FILING REQUEST FOR TEMPORARY (STIPULATED) LICENSE

What is a temporary (stipulated) License?

A Temporary (Stipulated) License is issued by the Alcoholic Beverage Control Board to allow the applicant to sell and serve alcoholic beverages on the premise in the interim of the application process and approval.

To request a Temporary (Stipulated) License:

- 1. Applicant must be applying for or must hold a Class "C" or Class "D" liquor license.**
- 2. The Applicant must submit a signed written request to the Alcoholic Beverage Control Board that includes the applicant's name, trade name and address of the premise.**
- 4. The Applicant must submit to the ABC Board written correspondence from the Advisory Neighborhood Commission where the Applicant is located stating That they have voted with a quorum present not to object to the issuance of a temporary license to the Applicant pending completion of the 60-day placard period, which includes a 45-day period for community objections. The Chairperson of the Advisory Neighborhood Commission must sign this correspondence.**